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BOROUGH OF PORT TALBOT.

To the Mayor, Aldermen and Councillors of the Port Talbot Corporation.

Mr. Mayor, Mrs. Nicholas and Gentlemen/

I have the honour to present the report on the public health of the borough for the year 1950. It is compiled in accordance with the instructions of the Welsh Board of Health.

Port Talbot, a growing industrial town, has many public health problems. They have been emphasised repeatedly in my monthly reports to the Corporation. They include the high tuberculosis rate, the prevalence of ear, nose and throat complaints coupled with the limited treatment facilities at the local hospital, the continued occupation of squatters camps and many condemned houses, the smoke nuisance and the need for an augmented and filtered water supply, for a local chest clinic and for adequate clinic, general practitioner, dental and pharmaceutical facilities on the new housing estates at Baglan and Sandfields. Some of these problems require action by other organisations than the Corporation. Definite progress has been made but much remains to be done.

It is possible to report a number of improvements in the health of the citizens in 1950. As compared with previous years, there was a definite decrease of the infant mortality and tuberculosis death rates. There was a fall in the number of fresh cases of tuberculosis as compared with the previous two years.

Fewer cases of serious infectious diseases were another feature of the year. Only one case of diphtheria occurred. This is a remarkable contrast with previous years. Two cases of infantile paralysis were reported. During the last four months of the year there were minor outbreaks of scarlet fever in two infants' schools in the borough but both outbreaks were controlled in a short time.

Smallpox caused me some concern during the year. A number of contacts from the Brighton epidemic and smallpox epidemic areas in the Middle East came to Port Talbot. They were kept under observation and fortunately none developed the disease. During the Glasgow epidemic of smallpox, it was found that a number of engineers from the Abbey Works were due to travel to and from Glasgow. Fortunately, the Steel Company of Wales, on the advice of their medical officer, agreed to restrict such movements during the epidemic. Careful vigilance is necessary to prevent the introduction of smallpox into a community.

The new housing figures for 1950 appear, at first sight, to be disappointing but much preparatory work was done for the 1951 programme. It was thus intended that houses would be completed rapidly, both at the Sandfields and Baglan estates, during 1951. The preparatory work at the former estate involved flattening of extensive sand dunes, a large engineering project.

During the year, a number of improvements were effected in the local water supplies. It was possible to eliminate some of the unsatisfactory minor supplies. The repeated difficulties in the sinking of a bore-hole well in the Duffryn Valley were unfortunate especially as they caused postponement of the preparation and implementation of plans for the construction of the much needed filtration plant. It is hoped that the Corporation will soon proceed with long term plans for an ample and pure water supply for the growing borough.

The smoke problem at Port Talbot has caused me much concern. At the request of the Corporation, a Fuel Engineer of the Ministry of Fuel and Power made, in 1950, an investigation into the problem. He felt that smoke emission was definitely under control. It has been stated that Port Talbot compares favourably with other similar industrial towns. I could not share this optimism. In my opinion, the smoke and grit nuisance in certain areas of the town, especially at Taibach has been serious in recent years. When Port Talbot is viewed from the east a constant blanket of smoke can be seen. This must affect adversely the health of the population.

I have been anxious that a high sanitary standard should be maintained in the collection, removal and disposal of refuse in the borough. I deplore the tendency in certain areas to form and perpetuate unofficial refuse dumps. Certain of the local population must accept the responsibility for these insanitary outrages. Efforts have been made, with the co-operation of the Borough Engineer, to mitigate the nuisances caused by the official Corporation refuse dumps. I would prefer disposal of refuse by incineration to the present method of tipping.

It is hoped that the nation wide food hygiene campaign will result in less food borne disease in the country. The sanitary supervision of food premises must be combined with education of the food handlers. The dangerous contamination of food usually comes from the latter source. I feel that the patient, regular and frequent visiting of food premises by a Sanitary inspector, combined with the teaching of simple food hygiene in the schools, will give the best results. Exhibitions, displays of posters and relevant film shows are ancillary and give limited results.

With the development, in recent years, of many committees and organisations who are responsible for various parts of the local medical and public health services, the role of a medical officer of health of a sanitary authority such as Port Talbot Borough has become restricted. My liaison with some of these bodies is very limited and imperfect. I hope that the Ministry of Health will appreciate and review the position and, if possible, prepare a memorandum of the duties of medical officers of health of sanitary authorities.

I am indebted to many people for much kindness and assistance during the year. These include the members, officials and staff of the Corporation, the general practitioners of the borough, the staffs of the local hospitals, Dr. W.E. Thomas, the County Medical Officer, and Mr. H.P.R. Williams, the dental officer. The staff of the Divisional Health Office have undertaken in an efficient manner my clerical work and have prepared many of the statistics for this report.

This is the official report as required by the Sanitary Officers Regulations. All other reports dealing with local public health matters have not been prepared in consultation with me.

Your obedient servant,

D.J. DAVIES.

Medical Officer of Health.



GENERAL INFORMATION.

The importance of Port Talbot as an industrial town has been enhanced by the post war developments. During 1950, good progress was made in the construction of the new Abbey Steel Works.

Throughout the year, an average of five and a quarter thousand men were employed on the constructional work. Approximately 70% of these employees travelled daily from outlying districts such as the Rhondda Valley and Maesteg. Adequate canteen, sanitary and first aid facilities were provided. The sickness rate among the employees continued to be low.

There was very little unemployment in the area. The Manager of the Port Talbot Employment Exchange has supplied the following comparative figures of unemployed men and women:-

	<u>Men</u>	<u>Women</u>
December 1948	188	276
December 1949	168	162
December 1950	77	151

Progress was made in finding employment for disabled persons. In December 1950, there were 855 men and 43 women on the disabled persons register; only 36 of these men and 9 of these women were wholly unemployed in the same month.

Real poverty was very rare. The family allowance scheme continued to help families but its value was nullified in part by the high prices of footwear and clothing for children.

Features of the year were the high rainfall and the lack of sunshine during the summer and autumn. The following table shows the annual rainfall in inches since 1941:-

1950.	1949.	1948.	1947.	1946.	1945.	1944.	1943.	1942.	1941.
53.5	39.5	48.8	29.9	47.6	41.5	39.2	38.	38.1	34.8

The area of the Borough is estimated to be 25,648 acres, inclusive of the foreshore.

The assessable value of the Borough for the year ending 31st. March 1950 was:-

For general rate purposes:	£184,006.
A penny rate produced :	£671. 6. 11d.

VITAL STATISTICS.

In contrast to a general practitioner, who has to assess the health of the individual patient, a medical officer of health has to judge the state of health of the community. He bases his judgment on certain figures, called vital statistics, which are obtained from the registration of deaths, births and still-births and the notifications of tuberculosis and certain infectious diseases.

At present, he cannot present a complete picture as it is impossible to obtain figures of the prevalence of certain forms of ill-health, such as rheumatism and minor mental complaints, which cause so much unhappiness and loss of work. It is hoped that in due course the Ministry of National Insurance and the Regional Hospital Board will be able to provide reliable illness statistics.

The detailed statistical tables, required by the Welsh Board of Health, are given at the end of the report. In this section, a general explanatory review of the main statistics is given.

1. POPULATION.

The population of the Borough was estimated by the Registrar General to be 44,050 at the mid-year 1950 as compared with 43,670 for the previous year and 42,830 in 1948. These increases were due to the influx of workers for the construction of the new steelworks and the high post war birth-rate.

2. BIRTHS.

There were 739 live births, 383 males and 356 females, during the year. 18 stillbirths were recorded. 25 live births were illegitimate. As in previous years, the staff endeavoured to ensure that unmarried mothers and their babies received adequate care.

The birth rate was 16.78 per thousand population. This was the lowest rate since 1941. The high post war birth rate has not been maintained. It is interesting to note the appreciable excess of male over female births.

The following table is of interest:-

Number of live births at home in the borough	:	259
Number of live births (Port Talbot mothers) at Neath	:	
General Hospital	:	407
Number of live births (Port Talbot mothers) at Bridgend	:	
General Hospital	:	73

65% of all live births occurred at hospital.

In recent years, the local demand for hospital confinements has been heavy. This has been due to many causes especially housing difficulties. An adequate home midwifery service has been maintained in the borough.

## . DEATHS.

The total number of deaths during 1950 was 516, comprising 277 males and 239 females. The death rates per thousand of the population in recent years were as follows:-

1950.	1949.	1948.	1947.	1946.	1945.	1944.
11.7	11.3	10.5	12.5	11.9	12.0	11.9

The death rate for the whole of England and Wales during 1950 was 11.6.

The main causes of death in the borough were diseases of the heart and blood vessels, cancer, tuberculosis and bronchitis. With our present knowledge, many of the deaths due to the former two causes cannot be prevented. They are responsible for most of the deaths in the older age groups.

## . INFANT MORTALITY.

25 infants, under one year of age, died during the year. An analysis of the causes of death is contained in Table 3 at the end of the report. The infant mortality rate - number of deaths of infants under one year per 1000 live births - was 33.8. The figure for the whole of England and Wales was 29.8.

It is pleasing to note the improvement as compared with the rates for previous years as is shown by the following record of the infant mortality rates in the borough since 1942.

1950.	1949.	1948.	1947.	1946.	1945.	1944.	1943.	1942.
33.8	54.8	35.	40.	43.	63.	43.	59.	42.

## . MATERNAL MORTALITY.

In 1950, only one mother died due to pregnancy. She died of chronic nephritis - an inflammation of the kidney which was aggravated by pregnancy - one month following childbirth. There were no deaths of mothers in childbirth. Many lives of mothers in recent years have been saved by the modern use of blood transfusions, penicillin, the sulphonamide drugs and improved ante-natal and obstetric care.



## GENERAL PROVISION OF HEALTH SERVICES IN THE BOROUGH.

In this section, a brief general description of the services will be made as in previous years. Full details of the administration and committees which are responsible for the local organisation of the health services have been omitted.

### NATIONAL HEALTH SERVICE.

During the year, there were no marked improvements in the local facilities for the treatment of the sick and injured and the prevention of disease.

#### 1. HOSPITALS.

The administration of the local hospitals is the responsibility of the Mid Glamorgan Hospital Management Committee, whose office is at 8, Wind Street, Neath.

##### (i) MEDICAL AND SURGICAL PATIENTS.

The Port Talbot General Hospital, with 85 beds and a medical staff of specialists and a resident surgical officer, dealt with 1761 in-patients and 19,514 out-patients during 1956. It is understood that plans have been made to provide this hospital with a much needed out-patients department, incorporating a chest clinic. Throughout the year, convalescent patients were transferred to a ward at the Port Talbot Isolation Hospital and thus it was possible to hasten in-patient treatment. The long waiting list of ear, nose and throat patients unfortunately continued.

Neath General Hospital, a fully equipped hospital, also provides treatment facilities for citizens of the borough.

A number of patients, with unusual or problem complaints, were treated at Morriston Hospital and teaching hospitals at Cardiff, Oxford and London.

##### (ii) MATERNITY PATIENTS.

Port Talbot has no maternity hospital and patients, requiring a hospital confinement, were admitted either to the Neath or Bridgend General Hospital. The demand for hospital maternity beds was heavy throughout the year but adequate beds for Port Talbot mothers were reserved at the above hospitals.

The booking of the non-emergency maternity beds was arranged by the Port Talbot and Glyncoerrwg Health Division. This scheme was a success as the domestic, medical and housing problems of each applicant received due consideration.

(iii) INFECTIOUS PATIENTS.

Hospital accommodation was provided at Port Talbot, Maesteg and Bridgend Isolation Hospitals.

(iv) TUBERCULOSIS PATIENTS.

The provision of beds at Bridgend Isolation Hospital reduced the waiting lists for hospital treatment of tuberculosis but additional hospital and sanatoria beds are required to deal with the tuberculosis problem in the borough.

(v) MENTAL (PSYCHIATRIC) PATIENTS.

There is no doubt that mental ill-health of varying degrees of severity is common and the cause of much unhappiness and loss of industrial efficiency.

Out-patient facilities are provided at Neath General Hospital and Cardiff Royal Infirmary. Most in-patients are treated at the Morgannwg Mental Hospital, Bridgend.

There have been many improvements, in recent years, of the treatment of mental illness and a moderate proportion of cures are obtained.

2. VENEREAL DISEASES CLINIC.

This clinic is situated at the Station Approach, Port Talbot.

3. GENERAL PRACTITIONER, DENTAL, PHARMACEUTICAL AND SUPPLEMENTARY OPHTHALMIC SERVICES.

These services are controlled locally by the Glamorgan Executive Council whose office is at 47, Park Place, Cardiff. The difficulties of these services are now well known. There is an urgent need at Port Talbot for additional dental surgeons.

4. ANCILLARY HEALTH SERVICES PROVIDED BY THE GLAMORGAN COUNTY COUNCIL.

The majority of these local services are under the day to day control of the Port Talbot and Glyncoerrwg Divisional Health Committee whose office is at Park House, Theodora Road, Port Talbot. They include the health visiting, home nursing, midwifery and home helps services and the ante-natal and infant welfare clinics. Throughout the year, the Glamorgan County Council maintained an ambulance sub-station at Park House.

SCHOOL MEDICAL SERVICE.

This service is not part of the National Health Service. Locally it is controlled by the Glamorgan County Council and the office is at Park House, Port Talbot.

All school children in certain age groups were medically examined and a programme of eye, dental and orthopaedic clinics maintained. To provide an adequate school dental service in the borough, two additional dental surgeons are required.

An effort was made to obtain special education for all children with physical or mental defects which prevented them from benefiting by education in an ordinary school.

LABORATORY FACILITIES.

During 1950, all bacteriological examinations for the Public Health Department were undertaken at the Public Health Laboratory, Cardiff.

The Public Analyst, under the Food and Drugs Act, 1938, was D. Evans Jones, Esq., of Cardiff.

H O U S I N G.

As in previous post war years, housing continued as the major problem of the Corporation, a burden it shared with most other district councils in the country.

The price of private houses remained high and the majority of young couples had to remain in rooms or at their parents' houses until, by additions to their families, they qualified for re-housing under the points scheme.

The problem continued to be aggravated by the gradual deterioration of condemned and sub-standard houses throughout the borough, the number of families still resident at the squatters camps and the influx of people into the borough.

It is distressing to see those rows of condemned houses, such as Miner's and Tyisha Rows, still occupied at Cwmavon. I do however appreciate the Council's wish not to disturb the cultural community of Cwmavon. It is hoped that a considerable proportion of the new houses, due for construction at Cwmavon, will be allotted to the occupants of these condemned houses.

In 1950, comparatively few houses were completed in the borough. Much work was however done to prepare the Sandfields and Baglan estates so that house construction should be accelerated during 1951.

The following details have been supplied with the help of the Chief Rating and Valuation Officer and the Chief Sanitary Inspector:-

1. Total number of houses completed during 1950... (a) Temporary - Nil  
(b) Permanent - 38

With state assistance under the Housing Acts:-

- |      |                                   |     |
|------|-----------------------------------|-----|
| (i)  | By local authority ... ..         | 38  |
| (ii) | By other bodies or persons ... .. | Nil |

2. New houses let by the Corporation during 1950:-

- |     |   |    |
|-----|---|----|
| (a) | to tuberculous families ... ..          | 3  |
| (b) | to families from condemned houses ...   | 1  |
| (c) | to families from squatters camps ...    | 1  |
| (d) | to families from overcrowded houses ... | 11 |
| (e) | to key workers ... ..                   | 24 |

3. Number of Applicants for Council Houses on the waiting list:-

December 31st. 1950	... ..	1940
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## 4. Inspection of dwellinghouses during 1950:

(1)	(a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) .....	705
	(b) Number of inspections made for the purpose .....	3352
(2)	(a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .....	0
	(b) Number of inspections made for the purpose .....	0
(3)	Number of dwellinghouses found not to be in all respects reasonably fit for human habitation ...	671
(4)	Remedy of defects during the year without service of formal notices: number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers .....	346
(5)	Action under Statutory Powers during the year.	
	(a) Proceedings under Section 9 of the Housing Act, 1936:-	
	(1) Number of dwellinghouses in respect of which notices were served requiring repairs .....	0
	(2) Number of dwellinghouses which were rendered fit after service of formal notices .....	
	(a) By owners .....	0
	(b) By local authority in default of owners .....	0
	(b) Proceedings under the Public Health Acts:-	
	(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied:	172
	(2) Number of dwellinghouses in which defects were remedied after service of formal notices:-	
	(a) By owners .....	259
	(b) By local authorities in default of owners .....	0

- (c) Proceedings under Sections 11 and 12 of the Housing Acts, 1936:--
- |  |     |
|--|-----|
| (1) Number of dwellinghouses in respect of which Demolition Orders were made ..... | 0   |
| (2) Number of dwellinghouses demolished in pursuance of order .....                |     |
| (a) Demolition Orders .....  | 30) |
| (b) Clearance Orders .....   | 22) |
|  | 52  |
- (d) Proceedings under Section 12 of the Housing Act, 1936:--
- |  |   |
|--|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....   | 0 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined. The tenement or room having been rendered fit..... | 0 |

(6) Housing Act, 1936 - Part IV - OVERCROWDING

It is impossible to give reliable figures as no recent survey has been made.

WATER SUPPLIES.

An elementary need of a civilised community is an ample and pure water supply. The consumption of water increases with the provision of new housing estates and the steady rise of population. No effort should be spared to ensure the purity of a public water supply. The entry of disease causing germs into such a supply will usually cause a widespread epidemic within the area of distribution of the water.

During 1950, it was possible to effect a number of improvements of the local supplies. A number of minor supplies were eliminated and replaced by the more satisfactory major supplies. The Cwm Evan Bach supply, Pontrhydyfen and the Cwmclais and Cwm mawr supplies at Cwmavon were replaced by the Ystradfellte supply. An extension of a large water main along the Margam Road enabled the unsatisfactory Groeswen minor supply to be abandoned.

Unfortunately, no definite progress was made in the search for additional water supplies for the expanding borough. Repeated difficulties occurred in the sinking of the bore-hole well in the Duffryn Valley. By the end of the year, a depth of 215 feet 6 inches was reached but a satisfactory supply of water had not been obtained. This disappointment held up the preparation and implementation of plans for the construction of the much needed filtration plants.

In August and November, the Cwmwernderi and Cwngwineu supplies were heavily contaminated with earth. This was due to a combination of factors. They comprised the loosening of the soil on the catchment areas of the reservoirs by the activities of the Forestry Commission, very heavy rainfall in the above months and a remarkable cloudburst on the 2nd. August which damaged many trees and washed much soil and debris into the large Cwmwernderi reservoir. It was necessary to discontinue the use of water from these reservoirs for varying periods and severe restrictions were placed on the activities of the Forestry Commission. I made a special report to the Corporation on the dangers and the necessary action. In my opinion, it is not safe for extensive forestry to be undertaken on the catchment area of an upland surface water supply which is not stored, filtered and chlorinated prior to distribution.

The final evacuation by the Forestry Commission of the small Blaencyneion Farm, which is on the catchment area of the Cwmwernderi supply, was a welcome safeguard.

The regular sampling of all water supplies was continued throughout the year. 284 samples were submitted for bacteriological examination; 35 were of doubtful or unsatisfactory purity.

It was unfortunately necessary to use the Pwlllyglaw levels water supply from the 31st. May to the 18th. July.

During the year, the private Owmbrombil supply to the Port Talbot docks was investigated. It was recommended to the Corporation that this supply be replaced by a public mains supply. It is hoped that this recommendation can be implemented in the near future as the purity of the private supply cannot be ensured.

The Borough Engineer states that, at the end of 1950, only 72 houses in the borough were supplied from public water mains by means of stand pipes. 11,550 houses with an estimated population of 43,000 were supplied direct from public water mains.

The average daily domestic supply of water per person during the year was approximately 23 gallons.



HYGIENE OF FACTORIES.

One of the features of modern industry is the measures taken to safeguard the health and promote the welfare of workers. Some of these measures are enforced by law, others are adopted voluntarily by managements and workers. In recent years, we have seen the intensive efforts to lessen the risk of silicosis in the South Wales coalfield.

The Factories Act of 1937 and regulations issued under the act are the relevant legislation concerned with the hygiene of factories. The enforcement of the major part of the act is the duty of the government factory inspectors. District Councils, such as Port Talbot, have however certain duties relating to general cleanliness, ventilation, provision of sanitary conveniences and other health matters.

The following details for 1950 have been supplied by the Chief Sanitary Inspector:-

1. Inspections for purposes of provisions as to health.

	Inspections.	Number of	
		Written Notices.	Occupiers Prosecuted.
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities.	332	21	-
(ii) Factories not included in (i) to which Section 7 applies.	-	-	-
(iii) Other premises under the Act (excluding out-workers' premises)	-	-	-

2. Cases in which defects were found.

Particulars.	Number of cases in which defects were found.				No. of Prosecutions
	Found.	Remedied.	To H.M. Inspector	By H.M. Insp.	
Want of Cleanliness	10	5	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	2	-	-	-	-
(b) unsuitable or defective	7	-	-	1	-
(c) Not separate for sexes	-	1	-	-	-
Other offences	22	5	-	-	-
Total	41	11	-	1	-

3. There are no outworkers in this borough.

HYGIENE OF FOOD.

In these post war years, increasing attention is being given, both locally and nationally to this problem. The marked rise in the number of food poisoning outbreaks and the undue prevalence of dysentery have emphasised the need for such attention.

All observers agree that there is undoubtedly need of a higher standard of cleanliness in the handling and preparation of food in shops, canteens, restaurants, hotels and even domestic kitchens. Progress in these matters can only be gradual. It can be advanced by the education of the public, especially food handlers, mothers and children in schools, in food hygiene and by the careful supervision, backed by suitable legislation, of the food trades and premises by the sanitary inspectors. A district sanitary inspector, by the systematic supervision of food trades and food handlers, can raise considerably the standard of food hygiene. Suitable structural alterations, to ensure a higher hygienic standard of food premises, must be combined with supervision and education of food handlers otherwise there will be no appreciable reduction of food borne diseases.

The Chief Sanitary Inspector has supplied most of the following details:-

1. MEAT INSPECTION AT PORT TALBOT ABATTOIR DURING 1950.

	Cattle Excluding Cows.			Sheep and Lambs.	Pigs.
	Cows.	Cows.	Calves.	Lambs.	Pigs.
Number killed.....	2003	1078	3773	13545	733
Number inspected.....	2003	1078	3773	13545	733
<u>Diseases (excluding tuberculosis)</u>					
(i) Whole carcasses condemned....	4	27	41	82	1
(ii) Carcasses of which some part or organ was condemned.....	1140	686	95	5516	253
(iii) Percentage of all animals infected with disease other than tuberculosis.....	57.1	66.1	3.6	41.3	34.5

TUBERCULOSIS.

(i) Whole carcasses condemned....	6	20	1	Nil	1
(ii) Carcasses of which some part or organ was condemned.....	218	243	Nil	Nil	37
(iii) Percentage of all animals found to have signs of tuberculosis.....	11.2	24.4	0.03	Nil	5.2

It is disturbing to note the rate of tuberculosis among slaughtered cows. The need for pasteurisation of all milk is thus emphasised.

## 2. MILK.

This is a most valuable food but unfortunately it can become contaminated by dangerous germs. These germs are derived either from the cow or the person who handles the milk. It is estimated that one thousand and five hundred persons die annually in this country from types of tuberculosis contracted by drinking infected milk.

Many measures are being taken to safeguard the purity of the milk supply. Unfortunately, owing to conflicting interests, public health legislation and supervision do not as yet ensure that all milk sold to the public is free from dangerous germs.

Universal pasteurisation of milk, carefully supervised and controlled and followed by hygienic bottling, would eliminate any danger. It is however felt that in certain rural areas this would be difficult and its general adoption would partly reduce the urge to eliminate disease from dairy cattle.

Tuberculin tested milk comes from cattle who are free from tuberculosis. Unfortunately it is not always possible to ensure freedom from other germs. Pasteurised milk is thus preferable. The provision of pasteurised tuberculin tested milk is a double safeguard.

In recent years there has been a welcome increased sale of pasteurised and tuberculin tested milk in the borough. The supervision of the dairy cattle and the production of milk at the local farms is now the responsibility of the Ministry of Agriculture.

The following measures were taken by the sanitary inspectors to safeguard the borough milk supplies during 1950:-

(i) A number of milk samples were submitted for bacteriological examination. The following results were obtained:-

Number of ungraded milk samples .....	17
Number of unsatisfactory ungraded milk samples.....	Nil
Number of designated milk samples.....	90
Number of unsatisfactory designated milk samples.....	Nil
Number of ungraded milk samples examined for tubercle bacilli.	32
Number of milk samples found to contain tubercle bacilli.....	Nil

(ii) 118 samples of milk were submitted for chemical analysis. Two were found to have added water. They were from the same producer and a successful prosecution was instituted. One sample had a small deficiency of milk fat.

### 3. OTHER FOODS.

124 samples of various other foods were submitted to the Public Analyst. 117 were found to be genuine. 4 samples of beef sausages were found to be deficient in meat content. A cake flour and a sponge mixture were infested with mites - and one sample of butter was rancid.

Serious adulteration of food appears to be very uncommon.

### 4. SANITARY SUPERVISION OF FOOD PREMISES, CANTEENS, RESTAURANTS, HOTELS AND ICE-CREAM AND MANUFACTURED MEAT PRODUCTS PREPARATION AND SALE.

The fundamentals of this important work are given in the introduction to this section of the report. The sanitary inspectors endeavoured, as far as possible, to undertake the necessary supervision. The Corporation adopted the model Clean Food Byelaws and a publicity campaign was initiated by the Chief Sanitary Inspector.

### 5. FOOD POISONING.

No definite cases were notified during 1950.



INFECTIOUS DISEASES OR FEVERS.

As an introduction to this section, I feel that three paragraphs from last year's report should be repeated.

One of the features of the last hundred years in this country has been the remarkable decline and in some instances the virtual disappearance of certain of the more serious infectious diseases. A century ago our towns and countryside were not infrequently ravaged by epidemics of cholera, smallpox, typhoid fever and even that dread louse borne disease known as typhus fever.

It was these pestilences which stimulated the government of the day to pass laws enforcing certain standards of sanitation and requiring local authorities to employ medical officers of health.

We cannot at present be complacent and regard our community as free from the danger of such fevers. Any lapse of preventive measures or some accident of circumstance can lead to an outbreak. The outbreaks of smallpox at Glasgow and Brighton during 1950 were examples.

Smallpox caused some concern locally during the year. On a number of occasions, there were smallpox contacts, who had to be kept under surveillance, in the borough. Fortunately no actual case developed locally. The Corporation were advised as to the importance of regular vaccination of certain employees who would have to undertake disinfection and other duties if a local outbreak of smallpox occurred.

There were no serious outbreaks of infectious disease in the borough during the year. Only two cases of infantile paralysis occurred. Measles was prevalent in the late spring but severe cases were very uncommon. There were two minor outbreaks of Scarlet fever at infants schools in the latter four months of the year but they were easily controlled.

The figures overleaf relating to the fever and tuberculosis incidence in the borough are of interest:-

Ward.	Scarlet Fever	Diph- theria (proved)	Infantile Paralysis	Measles	New cases of Tuberculosis	
					Pulmonary	Non-Pulmonary
Margam West	20	-	-	66	10	2
Margam Central	25	-	2	45	12	3
Margam North	4	-	-	54	2	-
Aberavon South	21	-	-	50	16	2
Aberavon North	13	1	-	23	11	6
Ownavon	9	-	-	149	7	3

TOTALS						
1950	92	1	2	387	58	16
1949	116	4	9	386	64	21
1948	134	5	3	36	76	14
1947	44	45	7	833	58	9
1946	62	55	0	-	61	18
1945	104	86	0	No	93	13
1944	137	201	0	Records	99	7
1943	94	154	1		78	22
1942	54	46	0		71	20
1941	40	64	1		66	28
1940	52	84	0		58	18
1939	59	143	1		53	14

### DIPHTHERIA.

The remarkable fall in recent years of the number of cases of this disease has continued. Fourteen suspected cases were admitted to the local Isolation Hospital but only one was found to be suffering from the disease when the appropriate laboratory investigations were made. This patient, a girl aged three years, made a good recovery. She had not been immunised.

All the reasons for the above change are not clearly understood but the mass immunisation of children has probably been the main factor.

### SCARLET FEVER.

There were 92 notified cases of the disease during the year; 74 were removed to hospital. There were no deaths. The disease remained mild, the rash was often of very short duration and complications were few.

In September and early October, there was a small outbreak in a class of the Eastern Infants School. Three nasal carriers of the germ were detected and excluded from school. The outbreak then subsided. In November, there was a similar

outbreak in a class of the Aberavon Infants School. This outbreak also subsided following the detection and exclusion of four nasal carriers.

### INFANTILE PARALYSIS (ACUTE POLIOMYELITIS)

There were two definite cases during 1950. There were no deaths. Despite careful inquiries, no sources of infection could be traced and there was no history of contact between the two cases. One patient, a boy aged two years, had a severe attack with respiratory paralysis. The other patient, a girl aged nine years, had a very mild attack with no residual paralysis.

This disease remains a serious public health problem as, despite much research, effective measures for the prevention and cure of this disease have not been discovered.

### TUBERCULOSIS.

This disease continued to present one of our most serious public health problems. During 1950, some progress was made both nationally and locally. This scourge can be eradicated if we apply modern medical knowledge and solve the problem of the shortage of staffed hospital and sanatorium beds and housing accommodation.

It is pleasing to record that there were fewer cases notified and less deaths due to tuberculosis in 1950 than in the previous two years. The opening of the tuberculosis wards at Cefn Hirgoed Hospital, Bridgend reduced the local waiting lists for tuberculosis hospital and sanatoria treatment. The introduction by Dr. Prosser Evans, the local Chest Physician, of the home treatment of certain tuberculous patients with streptomycin injections undoubtedly reduced the death rate from this disease. These injections were mainly given by the home nurses.

The home visiting of tuberculosis patients by health visitors was intensified during the year. Careful attention was paid to the prevention of the spread of the disease - both in and outside the house. A serious and increasingly successful effort was made to ensure that contacts of the disease attended for examination at the chest clinic. The immunisation of certain child contacts against the disease was commenced by Dr. Prosser Evans. The health visitors made every effort to persuade the parents to give their consent.

During the year, 74 new cases of tuberculosis were notified:-

	Pulmonary.	Non-Pulmonary.
Males	24	6
Females	34	10

50 pulmonary and 8 non-pulmonary cases were admitted to sanatoria. In 1950, 22 patients were reported to be cured and following a revision of the register, 67 others were removed as arrested cases.

The distribution of the new tuberculosis notifications was:-

	Pulmonary.	Non-Pulmonary.
Margam West	10	2
Margam Central	12	3
Margam North	2	-
Aberavon South	16	2
Aberavon North	11	6
Cwmavon	7	3

The ages of the new cases during 1950 are outlined in Table 4 at the end of the report.

There were 22 deaths due to tuberculosis as compared with 39 in the previous year.



TABLE 1.SUMMARY OF STATISTICS OF THE BOROUGH FOR 1950.

These statistics have been confirmed by  
the Registrar General.

<u>Live Births:-</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	714	370	344
Illegitimate	25	13	12

Birth-rate per 1,000 population - 16.78

<u>Still-Births:-</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
Legitimate	17	8	9
Illegitimate	1	-	1

Still-birth rate per 1,000 total births  
- 23.78

<u>Deaths:-</u>	<u>Total.</u>	<u>Males.</u>	<u>Females.</u>
	516	277	239

Death-rate per 1,000 of the estimated  
resident population -- 11.71.

Deaths from Puerperal Causes:-

There was one death from puerperal causes.

Death-rate of infants under 1 year of age:-

All infants per 1,000 live births.....	33.83
Legitimate infants per 1,000 live legitimate births.....	35.01
Illegitimate infants per 1,000 live illegitimate births.....	0
Deaths from Cancer (all ages).....	73
Deaths from Measles (all ages).....	0
Deaths from Whooping Cough (all ages).....	1
Deaths from Gastritis, Enteritis and Diarrhoea.....	4

TABLE 2.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1950. Provisional figures based on Quarterly Returns.

	England and Wales	126 C.B.'s and Great Towns (including London)	148 Smaller Towns (Res- ident Pop. - 25,000 - 50,000 at 1931 Census	London Admin. County	Borough of Port Talbot
Rates per 1,000 Home Population.					
<u>Births</u>					
Live Births	15.8	17.6	16.7	17.8	16.78
Still Births	0.37	0.45	0.38	0.36	0.42
<u>Deaths</u>					
All Causes	11.6	12.3	11.6	11.8	11.71
Typhoid and paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.01	0.01	0.01	0.01	0.02
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.36	0.42	0.33	0.39	0.50
Influenza	0.10	0.09	0.10	0.07	0.07
Smallpox	-	-	-	-	-
Acute Poliomyelitis including Polioencephalitis	0.02	0.02	0.02	0.01	0.00
Pneumonia	0.46	0.49	0.45	0.48	0.30
<u>Notifications (Corrected)</u>					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.03	0.02	0.03	0.09
Scarlet fever	1.50	1.56	1.61	1.23	2.09
Whooping Cough	3.60	3.97	3.15	3.21	1.32
Diphtheria	0.02	0.03	0.02	0.03	0.02
Erysipelas	0.17	0.19	0.16	0.17	0.11
Smallpox	0.00	0.00	-	-	-
Measles	8.39	8.76	8.36	6.57	8.79
Pneumonia	0.70	0.77	0.61	0.50	0.39
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.13	0.12	0.11	0.08	0.02
Non-paralytic	0.05	0.05	0.06	0.05	0.02
Food poisoning	0.17	0.16	0.14	0.25	0.00

	126 C.B's England and Wales	and Great Towns (including London)	148 Smaller Towns (Res- ident Pop. 25,000 - 50,000 at 1931 Census	London Admin. County	Borough of Port Talbot.
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## Rates per 1,000 Live Births:-

<u>Deaths</u>					
All causes under 1 year of age	29.8(a)	33.8	29.4	26.3	33.8
Enteritis and diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	

## Rates per 1,000 Total (Live and Still) Births

Notifications (Corrected)

Puerperal fever and pyrexia	5.81	7.43	4.33	6.03	1.32
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TABLE 3.ANALYSIS OF THE CAUSES OF INFANT DEATHS DURING 1950.

NEONATAL DEATHS : 14 : NEONATAL DEATH RATE : 18.9 per 1000  
LIVE BIRTHS.

	<u>1st. 24 hours of life.</u>	<u>One day - one month.</u>
Congenital malformations.....	-	2
Birth Injuries.....Intracranial	-	4
Prematurity.....	3	4
Broncho-pneumonia.....	-	1

DEATHS DURING ONE MONTH TO ONE YEAR OF AGE : 11

Gastro-enteritis.....	2
Congenital malformations.....	2
Broncho-pneumonia.....	2
Whooping Cough.....	1
Empyema.....	1
Pink disease.....	1
Other causes.....	2



TABLE 4.TUBERCULOSIS.

New cases during 1950:-

	PULMONARY.		NON-PULMONARY.	
	Male.	Female.	Male.	Female.
Under 1 year.	-	-	-	-
Over 1 year and under 5 years.	1	-	1	1
Over 5 years and under 10 years.	3	1	1	3
Over 10 years and under 15 years.	-	4	1	-
Over 15 years and under 20 years.	2	7	2	1
Over 20 years and under 25 years.	2	8	-	1
Over 25 years and under 35 years.	6	5	-	1
Over 35 years and under 45 years.	5	6	1	2
Over 45 years and under 55 years.	2	2	-	-
Over 55 years and under 65 years.	2	-	-	1
Over 65 years.	1	1	-	-
Totals.	24	34	6	10

TABLE 5.

CLASSIFICATION OF DEATHS DURING 1950.As recorded by the Registrar General.

		<u>Males.</u>	<u>Females.</u>
1. Tuberculosis, respiratory	.....	7	13
2. Tuberculosis, other	.....	2	-
3. Syphilitic disease	.....	1	-
4. Diphtheria	.....	-	-
5. Whooping Cough	.....	-	1
6. Meningococcal infections	.....	1	-
7. Acute poliomyelitis	.....	-	-
8. Measles	.....	-	-
9. Other infective and parasitic diseases	.....	-	1
10. Cancer of stomach	.....	9	8
11. Cancer of lung	.....	7	2
12. Cancer of breast	.....	-	4
13. Cancer of uterus	.....	-	3
14. Other forms of cancer	.....	29	16
15. Leukaemia, Aleukaemia	.....	-	-
16. Diabetes	.....	1	4
17. Vascular lesions of nervous system	.....	28	41
18. Coronary disease, angina	.....	46	12
19. Hypertension with heart disease	.....	6	3
20. Other heart disease	.....	35	45
21. Other circulatory disease	.....	7	7
22. Influenza	.....	3	-
23. Pneumonia	.....	5	8
24. Bronchitis	.....	19	11
25. Other diseases of respiratory system	.....	9	1
26. Ulcer of stomach and duodenum	.....	4	-
27. Gastritis, enteritis and diarrhoea	.....	1	3
28. Nephritis and nephrosis	.....	5	3
29. Hyperplasia of prostate	.....	14	-
30. Pregnancy, childbirth, abortion	.....	-	1
31. Congenital malformations	.....	4	1
32. Other defined and ill-defined diseases	.....	19	45
33. Motor vehicle accidents	.....	3	-
34. All other accidents	.....	10	5
35. Suicide	.....	2	2
36. Homicide and operations of war	.....	-	-



